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| PLACE OF DEATH | 12024 | STATE OF M | MARYLAND |
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| County Yarner | | (3) CERTIFICATE | OF DEATH |
| | | Registration | Dist. No. |
| Village or City | nfant (6 | # 2. St.; Ward) Beckman | (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.) |
| PERSONAL AND STAT | TISTICAL PARTICULARS | MEDICAL CERTIFICATE | OF DEATH |
| 3 SEX 4 COLOR OR I | RACE 5 SINGLE, MARRIED WIDOWRD OR DIVORCED (Write the word) | (Month) 17 I HEREBY CERTIFY, That I nt | - 20 . |
| 7 AGE | donth) (Day) , (Year) | that I last saw handline on the date state | , 192 7, 192 7 |
| | If LESS than I dayhrs. | The CAUSE OF DEATH 24 was as follows: | |
| (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE | · | Contributory(Duration) | yre ds |
| (State or country) 10 NAME OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER | La Bernan | Secondary | ury; and (2) whether |
| 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO TE | Mayeans | ients, or Recent Residents) At place In the of death yrs. mos. da, State Where was disease contracted, | |
| (Informant) | L Bearing | if not at place of death? | *************************************** |
| (Address) 13-7 1923, | Lalia Kowan Kalia Kowan | Henery Kekman 20 UNDERTAKER 20 UNDERTAKER | ADDRESS |
| If more blanks a | re needed, address State Registrar. | 16 W. Saratoga St., Balto., Requesting V. | 8. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the pisease causing pearif. gaged in domestic service for wages, as Screant, Cook, definite salury), may be entered as Houseveife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it whatever, write None. tired 6 yrs.). Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Ccal mine, etc. Wom-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter Civil engineer, Stationary foremen, etc. Physician. Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various parsuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persous who have no occupation But in many The ques-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ment of cause of death approved by Committee on quences Examples: Accidental drowning; Struck by railway diseases resulting from childbirth or miscarriage as rhage," "Inauition." "Marasmus," "Old Age." "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," Nomenclature of the American Medical Association.) head of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The naas probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerperal septicacmia." "Puerperal peritonitis," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease "Dropsy." "Exhaustion." "Heart failure." vulsions." "Debility" ("Congenital," "Senile." etc.), ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory nse of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-...... (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc.. of (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS State MEANS OF INJURY (e. g., scpsis, tetanus) may be stated under the (Recommendations on state-"Апаетіа" "Haemor. (second-(disease (merely

If this certificate is looked over thoroughly and all questions answered in early, it will prevent further correspondence. All the start is cential and must be obtained before the certificate as sumannity filed.

The state of the s

N. B.--Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD ITH UNFADING INK---THIS IS A PERMAN BINDING FOR MARGIN RESERVED AINLY, WRITE V. S. No. 1.

| PLACE OF DEATH 12025 | STATE OF MARYLAND CERTIFICATE OF DEATH |
|--|--|
| County // / / | 188-© Registration Dist. No/62 |
| Village or City Creutarill (No | St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male White bound of the word o | (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from |
| 6 DATE OF BIRTH | , 192, to , 192 |
| (Month) (Day) , 1 (Year) 7 AGE (Month) (Day) (Year) 1 If LESS than I dayhrs. 8 OCCUPATION (a) Trade, profession or particular kind of work. | and that death occurred on the date stated above, at |
| (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) | Contributory Secondary (Duration) |
| 10 NAME OF FATHER FARMED & BOY // 11 BIRTHPLACE OF FATHER (State or country) | (Signed) 192 V. (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injery; and (2) whether Accidental, Suicidal or Homicidal. |
| 12 MAIDEN NAME OF MOTHER Sophia Vangman | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents, or Recent Residents) |
| OF MOTHER (State or country) | of death yrs mos da. State,yrsmosde |
| (Informant) Alou learly | Where was disease contracted, if not at place of death? Former or usual residence |
| (Address) Clarksburg folker | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Land Land Man Man Man Man 1922 20 UNDERTAKER ADDRESS |
| Filed 1921 Registrar If more blanks are needed, address State Registrar. | 16 W. Saratoga St., Balto., Regulating N. S. No. 1. All |

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing draft, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. eupation is very important, so that the relative healthtired 6 yrs.). For persons who have no occupation (a) Foreman, (b) Automobile factory. The material Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day The ques-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pueumonia,"): Lobar pneumonia, Bronchopheumonia ("Pneumonia,")

can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inunition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia." "Anaemia" ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Meastes Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or taken. For violent deaths state means of injury "PUERPERAL septicacmia." "PUERPERAL peritonitis," etc. diseases resulting from childbirth or misearriage as vulsions," (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under (secondary or intercurrent) affection need not be Whooping cough; "Debillty" Chronic valvular heart disease; ("Congenital," "Senile," etc.), (Recommendations on state-Carcinoma, Sarcoma, etc., of Always qualify all (merely terminal (second-(disease

If this critificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.;.... Ward) (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE. MARRIED, OR DIVORCED BINDING (Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH instructions that I last saw howalive on (Month) (Day) (Year) 7 AGE If LESS than The CAUSE OF DEATH was as follows: terms I day hrs. See WITH UNFADING INK-8 OCCUPATION ESERVED (a) Trade, profession or plain particular kind of work...... (b) General nature of industry business, or establishment in which employed or (employer)..... 9 BIRTHPLACE Secondary (State or country) MARGIN 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether (State or country AR Accidental, Suieldal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) At place of death yrs..... mos.....da. OF MOTHER (State or country) Where was disease contracted. CIANS shou if not at place of death?..... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

REVISED UNITED STATES ERTIFICATE OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Farmer (reto report specifically the occupations of persons cnhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," efc., worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fremen, etc. But in many whatever, write None. tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day The ques-

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Typhoid fever (never report "Typhoid pneumenia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia") ed term for the same diseasc. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS-

> use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal unqualified, is indefinite); Tuberculosis of lungs, men Nomenclature of the American Medical Association.) head of "contributory." (Recommendations on statequences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal septicacnic," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," causing death), 29 ds.; Bronchopneumonia (secondstated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory ment of cause of death approved by Committee on Poisoned by earbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. can be ascertained as the cause. "Uraemia," "Weaknes.." etc., when a definite disease Whooping cough; Chronic valvulur heart disease; (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Scnile," etc.), Example: Mcastcs Always qualify all (merely (disease "Con-

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY, P Registration Dist. No. Ward) (If death occurred in a hospital or institucertificate tion, give its NAME instead of street and proper stated PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIED, May 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE! WIDOWED pino may OR DIVORCED (Month) (Day) (Year) (Write the word) I HEREBY CERTIFY, That I attended the daceased from V ms so tha (Month) (Day) (Year) and that death occurred on the 7 AGE If LESS than The CAUSE OF DEATH & was as follows: ppile day.....hrs. d or.....min. ? 8 OCCUPATION INK (a) Trade, profession or particular kind of work a (b) General nature of industry d importan ADING business, or establishment in which employed or (employer) .. Contributory 9 BIRTHPLACE Secondary (State or country) A 10 NAME OF FATHER (Signed) L. 0 . S 192.2- (Address) 11 BIRTHPLACE Ë OF FATHER 50 TIO *State the Disease Causing Death, or, in deaths from K (State or country) 2 Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. d state OA œ 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 13 BIRTHPLACE At place of death In the OF MOTHER State, yrs. mos...... da. . yrs. mos..... da. (State or country) PID Where was disease contracted, if not at place of death?..... Every Item CIANS short shot Former or usual residence OF BURIAL OR REMOVAL 15 ADDRESS If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Reducting V. S. No. 1.

BINDING

RESERVED

MARGIN

(Appyoved by U. S. Census and American Public Health Association.)

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Namenclature of the American Medical Association.) menty of cause of death approved by Committee on head of "contributory." quenees (e. g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. The naas probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anacmia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menvulsions," (secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Whooping cough; Chronic galvular heart For "Debility" ("Congenital," "Senile," etc.), VIOLENT DEATHS State MIMANS OF INJURY Never report mere symptoms or (Recommendations on state-Carcinoma, Sarcona, etc., of Example: Measles Always qualify "Coma," "Con-Meastes; (mercly terminal discase; (disease (second-

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BINDING

FOR

RESERVED

MARGIN

S. No.

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PLACE OF DEATH

| Village or City No. Control Cont | ^ | . Samet 12128 | CERTIFICATE OF DEATH |
|--|------|---|--|
| Village or City Delta Rosalian (No. St.; Ward) (1f death occurred in hospital or incitive street and non-vival and property of the NAME in hospital or incitive street and number. PERSONAL AND STATISTICAL PARTICULARS 3 SEX | | ounty | 99-0 Registration Dist. No. / 60 |
| PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE 5 SINGLE MARKIED WIDOWED OR DIN DIVORCED OR DATE OF DEATH 3 - 2 4 1905 (Month) (Day) (Year) The CAUSE OF DEATH (I was as follows: (Address) (State or country) (Sta | | 1000- 12. B | |
| 2 FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINCLE, MARKIER, | Vill | age or City (No, | a hospital or institu- |
| PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE WINDOWED WIND | | 1. 5 1 12 | tion, give its NAME in- |
| 3 SEX 4 COLOR OR RACE SINGLE, MARKIED WARRIED | | ² FULL NAME Secural Gosal | number. |
| Tamale Black Shariffer of Day OR Blook (Write the word) 6 DATE OF BIRTH 2 2 4 1906 (Month) (Day) (Month) (D | | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| THE BLOOK OR DIVORCED (Write the word) 6 DATE OF BIRTH 3 - 24 , 1906 (Month) (Day) (Year) 15 1 1 1 1 1 1 1 1 1 | 3 8 | MADDIED | |
| BATE OF HRTH 3 - 2 4 1905 (Month) (Day) (Year) 7 AGE If LESS than If Less | 7 | WIDOWED WIDOWED | (Month) (Day) (Year) |
| TAGE Social Control Social So | - | | |
| TAGE If LESS than day | 6 D | ATE OF BIRTH | 11-12- 1922, to 11-26-, 1922 |
| TAGE If LESS than day | | 3-24 1906 | that I last saw her slive on the same and th |
| ## CAUSE OF DEATH & was as follows: SOCCUPATION Trade, profession or particular kind of work Trade, profession o | | (Month) (Day) (Year) | and that death occurred on the date stated above, at 5. A.m. |
| 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF PATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAJDEN NAME OF MOTHER PATHER (State or country) 13 BIRTHPLACE OF MOTHER PATHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed MM Lb 1924 May Collaborate May Contain the place of death and | 7 A | If LESS than | |
| (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). BHITIPLACE (State or country) 10 NAME OF FATHER Havey Grant W. Contributory Secondary State the Disease Causing Death, or, in deaths from Volent Causes, state (1) Means of Injury; and (2) whether Accidental, Sulcidal or Honicidal. BHITIPLACE (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed MM 26 1924 MA CAMPANA Registrar ADDRESS ADDRESS ADDRESS ADDRESS | | 1 dayhrs. | Case to Breven la Ta |
| particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF MATHER OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) (Informant) 14 THE AROVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) 15 Filed 16 MALL 17 MALL 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) (Address) 18 PLACE OF BURIAL OR REMOVAE 19 PLACE OF BURIAL OR REMOVAE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS | 8 0 | | |
| (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER GENERAL | C1 (| a) Trade, profession or | |
| which employed or (employer). 9 BIRTIPLACE (State or country) Credings t W 2/a 10 NAME OF FATHER Having Lawrence Williams (Signed) (Duration) | 130 | | |
| 9 BIRTHPLACE (State or country) 10 NAME OF FATHER FATHER FATHER 11 BIRTHPLACE OF FATHER OF MOTHER OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Ad | | | (Duration)yrsmosds, |
| 10 NAME OF PATHER Practice State or country State or coun | _ | IRTHPLACE | |
| Signed 10 NAME OF FATHER Having Granulator Signed M.D. | | (State or country) Exedement W 2/2 | (Duration) vrs. mos. de. |
| *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 13 BIRTHPLACE OF MOTHER (State or country) (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) | | | F1 . 10110 |
| *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sulcidal or Homicidal. 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Address) (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sulcidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) At place of death yrs. mos. da. State, yrs. mos. da. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ATE OF BURIAL *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sulcidal or Homicidal. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sulcidal or Homicidal. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sulcidal or Homicidal. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sulcidal or Homicidal. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sulcidal or Homicidal. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sulcidal or Homicidal. *State the Disease Causing Death, or Homicidal. *State the Disease Causes at the Cause of Injury; and (2) whether Accidental, Sulcidal or Homicidal. *State the Disease Cause of Injury; and (2) whether Accidental, Sulcidal or Homicidal. *State the Disease Cause of Injury; and (2) whether Accidental, Sulcidal or Homicidal. *State Theorem Cause of | | Harry Lewiscon | |
| OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (Informant) (Informant) (Address) Filed Nov 26 1924 May Colonial Registrar 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) At place of death yrs. mos. da. State, yrs. mos. da. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL AFE OF BURIAL Walliams Cemelly Nov 28 - 1924 ADDRESS Oundertaker Address | -S | | |
| OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (Informant) (Informant) (Address) Filed Nov 26 1924 May C. C. Alberty Registrar 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) At place of death yrs. mos. da. State, yrs. mos. da. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL AFE OF BURIAL White was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL AFE OF BURIAL Mallama Cerullary Nov-28 - 1922 So UNDERTAKER ADDRESS ADDRESS | M | (State or country) | Violent Causes, state (1) Means of Injury; and (2) whether |
| ients, or Recent Residents) In the OF MOTHER (State or country) In the State, yrs. mos. da. Where was disease contracted, if not at place of death? (Informant) (Address) Former or usual residence. (Address) Filed Now 26 1924 Mrs. (Alphay Registrar In the State, yrs. mos. da. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL THE OF BURIAL While arms Cerully Now 28 - 1924 ADDRESS Oundertaker ADDRESS | 4 | | The state of the s |
| OF MOTHER (State or country) Where was disease contracted, if not at place of death? (Informant) (Address) Filed Now 26 1924 Mas Contacted as the state of Buriah or Removal Approximate and University of the state of Buriah or Removal Approximate and University of the state of Buriah or Removal Approximate and University of the state of Buriah or Removal Approximate and University of the state of Buriah or Removal Approximate and University of the state of Buriah or Removal Approximate and University of the state of Buriah or Removal Approximate and University of the state of Buriah or Removal Approximate and University of the state of State, 1978. Most date of death yes most date of death yes most date of death yes most date. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Approximate and University of the state of death? Approximate of death yes most date of death? State yes death yes most date of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Approximate and University of the state of death? Approximate of death yes most date of death? State yes most date of death? State yes most date of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Approximate and the state of death? Approximate yes most date of death? Approximate yes most date of death? Approximate yes most date of death? State yes most date yes most date of death? State yes most date yes most date of death? State yes date yes most date yes most date yes most date yes date yes date | 0 | 13 RIRTHPLACE | lents, or Recent Residents) |
| Where was disease contracted, if not at place of death? (Informant) (Informant) (Address) (Address) Filed Now 26 1924 Mrs. C. C. C. C. Balden (Address) | | OF MOTHER 7, 1) | At place of death yrs mos da. State, yrs mos da. |
| (Address) BEE Parke) Lake 19 PLACE OF BURIAL OR REMOVAL THE OF BURIAL | 14 7 | | Where was disease contracted, |
| (Address) LBEEN Parke) and 19 PLACE OF BURIAL OR REMOVAL THE OF BURIAL 15 Filed Now 26 1924 Mrs C. A. Albert S. O. Balden Outland Ma | | " TIMS H Par as all | Former or |
| Filed Now 26 1922 Mrs C. C. albert Delland Compensation Couldard Ma | | (Informant) | CALL STATE OF THE |
| Filed Now 26 1922 Mrs C. C. Williams Die Balden Outland Ma | | (Address) hell Varke) uh | 1.(111 0 1- N-1-08 |
| Filed 110 als 1924 May Registrar Di & Balden Outland Ma | | 1 (ac M 12 (b 12 1)). | Williams Centlery 1 ov a 1, 1922 |
| Dillisamen Vantang III | · | , - [/ - / / / / / / / / / / / / / / / / | A DONESS |
| | | / Registrar | DiOildalden Walland Illa |

STATE OF MARYLAND

REVISED UNITED STATES ERTIFICATE OF DEATH STANDARD

(Approved by U. S. Censns and American Public Health Association.)

er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, enpation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Honsehousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. business, that fact may be indicated thus: Farmer festate occupation at beginning of illness. If retired from or given up on account of the disease causing death, to report specifically the occupations of persons en-Civil engineer, Stationary firemen, etc. whatever, write None. Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation But in many The material The ques-

Lobur pneumonia, Bronchopneumonia ("Pneumonia," Typhoid fever (never report "Typhoid pneumina"); fever (the only definite synonym is "Epidemic grown-spinal meningitis"); Diphtheria (avoid use of "Crony"); fever (the only definite synonym is "Epidemic ed term for the same disease. Examples: Cerebrical to time and cansation), nsing always the same EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pisdeept-

> head of "contributory." (R-commendations on stateconditions, such as "Asthenia." "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia use of "Inmor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuverculosis of lungs, menthre of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or "Puerperal septicaemia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition" "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," stated unless important. ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the train-accident; Revolver wound of head-homicide; Examples: Accidental deorening; Struck by railway State cause for which surgical operation was under-"Uraemia," "Weaknes ." etc., when a definite disease "Dropsy," "Exhaustion." "Heart failure." "Haemorvulsions," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. Poisoned by carbol'c acid-probably suicide. The na-Whooping cough; Chronic valvular heart disease; Nongenelature of the American Medical Association.) .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATIES STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Example: Measles (disease The contributory "Coma," "Con-(second-

Jr/this certificate is looked over thoroughly and all quesanswered in detail, it will prevent further correspond-All the data is essential and must be obtained before

tertificate is permanently filed.

No. 200

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| C | PLACE OF DEATH Ounty 12029 | STATE OF MARYLAND CERTIFICATE OF DEATH |
|-------|--|--|
| | | Registration Dist. No. 168 |
| Vill | age or City lear olusous (No. , Robert M | St; Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 38 | Tale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) | 16 DATE OF DEATH NOU, 24, 182 (Year) 17 I HEREBY CERTIFY. That I attended the deceased from |
| 6 D | ATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| 7 AC | (Month) (Day) (Year) | that I last saw halive on Mov 14, 192%, and that death occurred on the date stated above, at 3.p., m. |
| | yrs. 6 mos. 1 dayhrs. | The CAUSE OF DEATH A was as follows: |
| ¥ (a | OCUPATION Trade, profession or Collins | Mouetra & assuma |
| W (E | articular kind of work | Contributory Secondary |
| TS | 11 BIRTHPLACE OF FATHER OF FATHER OF FATHER | (Signed) — (Address) — (Signed) — (Address) — (Address |
| PAREN | 12 MAIDEN NAME OF MOTHER OF MOTHER | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| | 13 BIRTHPLACE OF MOTHER (State or country) | ients, or Recent Residents) At place In the of death yrs. mos. da. State, yrs. mos. da. Where was disease contracted, |
| 14 T | (Informant) | if not at place of death? |
| 15 | (Address) Frostbury Ind | Mefingie temetary Mous 27:1922 |
| F | Tiled Nov. 27 192 20 ma. Murphy Deputy Local Register | Jacob Hafer Ferostburg Mod |
| | If more blanks are needed, address State Registrar, | 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and Americau Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indlcated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causino death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House. household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in Industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the discrete causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia, Bronchopneumonia ("Pneumonia,"

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manently filed.

etail, it will prevent further correspond-

's essential and must be obtained before

If this certifien Nomenclature of the American Medical Association.) ment of cause head of "contributory." Poisoned by carbol'e acid-probably suicide. quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or diseases resulting from childbirth or miscarriage as train-accident; Revolver wound of head-homicide; State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," can be ascertained as the cause. "Uraemia," "Weeknes;" etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," "Anaemia" "Dropsy," "Ethausticn," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. vulsions," Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), of death approved by Committee on is looked over thoroughly and all ques-Chronic valvular heart discuse; (R commendations on state-Example: Measles Always qualify all "Coma," The na-(merely (second-(disease "Con-

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| PLACE OF DEATH | STATE OF MARYLAND |
|--|--|
| County Sarrett 12130 | 205-0 CERTIFICATE OF DEATH Registration Dist. No. 172 |
| Village of City Hitzmiller (No. | Registration Dist. No |
| John Patro | tion, give its NAME in- stead of street and number.) |
| 2 FULL NAME | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED OR DIVORCED (Write the word) | (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from |
| 6 DATE OF BIRTH | |
| (Month) (Day), 1.864 | that I last saw h,alive on |
| 7 AGE If LESS than | and that death occurred on the date stated above, at |
| Udayhrs. | THE CAUSE OF BEATTY, Was as follows: |
| 8 OCCUPATION | Droksey |
| (a) Trade, profession or particular kind of work | no further information curfo? |
| (b) General nature of industry business, or establishment in | (Duration)yrsmosda. |
| which employed or (employer) | Contributory |
| (State or country) Lithuania | (Dyration),,,yrs, mos. da |
| 10 NAME OF FATHER DO MAT. RMANT | (Single of Parriel def Lucy Rgister |
| 11 BIRTHPLACE OF FATHER | *State the Disease Causing Death, or, in deaths from |
| 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. |
| of MOTHER DO not know | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or country) | At place In the of death yrs mos da. State, yrs mos da. |
| 14 THE ABOVE IS TRUE TO THE BUST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| (Informant) Frank Voowkover | Former or usual residence |
| (Address) Kilmiller md | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 16 Marsill Ol Barrish | Elk Garden W. Val. Nov. 12, 1022 |
| Filed Por 11 1922 U.S. Navido | Otha Sharpeer Blaine W. Va |
| If more blanks are needed address State Registrar | 18 W Saratage St Balta Requesting V S. No. 1 |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of eupation is very important, so that the relative healthwhatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persous endefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on If the occupation has been changed

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"). Lobar pneumonia, Bronchopneumonia ("Pneumonia")

conditions, such as "Asthenia," "Anaemia" ary), W ds. Never report mere symptoms or terminal Nomenclature of the American Medical Association.) head of "contributory." quences (e.g., schsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and eonse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or State eause for which surgical operation was under-"Puerperal seplicaemia." "Puerperal peritonitis," diseases resulting from childbirth or misearriage as ean be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shoek," "Dropsy," "Exhausticn," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Concausing death), 29 ds.; Bronchopncumonia stated unless important. Example: Measles (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on Whooping .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJUST "Debility" ("Congenital," "Senile," etc.), cough; Chronic valvular heart disease; (Recommendations on state-(merely (second-(disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

sent out for

RECENTABLE

JAN 14 1923 BUREAT V. S. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

| Cour | PLACE OF DEATH The Sarretto 12131 | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 167 |
|------------|---|---|
| Villa | go or City (No. C) 2 FULL NAME Martha am | St; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.] |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Her G DA | ** COLOR OR RACE 6 SINGLE MARRIED WIDOWED OR DIVORCED OR DIVORCED Write the word) | (Month) (Day) (Year) (Day) (Year) |
| | July 24, 1846 (Month) (Day) (Year) | that I last saw hell alive on Nov 1 \$1,1912; |
| 7 AG | If LESS than 1 day, hrs. | and that death occurred on the date stated above, at |
| (8 | ccupation 1) Trade, profession, or Hausluift | Ettensin Pleurisy |
| wh |) General nature of indostry siness, or establishment in ich employed (or employer) | (Duration) |
| | EXTHPLACE (State or country) Warginia | Contributory Secondary (Ouration) yrs mos d |
| U | 10 NAME OF FATHER David Will | (Signad) Johnson M. |
| RENT | 11 BIRTHPLACE OF FATHER (State or country) Urginia | *State the DIMEASE CAUSING DEATH, or, in deaths from Violent Causes, state (I) Means of Injury: and (2) whether Accidentals. Suicidal of Homicidal. |
| PAR | 13 BIRTHPLACE 19 BIRTHPLACE | DUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At alace In the |
| 14 TI | OF MOTHER (State or country) (Whatever - | of death yrs. mes. ds. State, yrs mes di Where was disease contracted, If not at place of death? |
| | (Informant) Esses Redder | Former er usual residence |
| | (Address) Wakland My | Redfaure. nov. 5. 19122 |
| 15 File | nov 4 1972 Ehner C. Shaffer Deforescionan | 20 UNDERTAKER L. H. Weiner Eglore W. |
| | If more blanks are needed, address State Registrar, | 6 W. Saratoga St., Balto., Requesting V. S. No. 1 |

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Labarer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Former or Planter, Physiwrite None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the Statement of Occupation-Precise statement of occupa--Coal mine, etc. many occupations a single word or term on the very important, so that the relative healthful-For persons who have no occupation whatever, Shoure The material worked on may form part pursuits can be known. The question Women at home, who are engaged in Never return "Laborer," But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal unqualified, is indefinite); Tuberculosis of lungs, meninspinal moningitis"); Diphtheria (avoid use of "Croup"); Typhoid fiver (Hever fever (the only definite synonym is "Epidemic cerebro imerimonia. Branchopneumonia report "Typhoid pneumonia" ("Pneumonia,

> cough; Chronic valvular heart disease; Chronic interstitual surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless nephritis, etc. on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease can be ascertained as the lapse, "Anaemia" chopneumonia Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping under the head of "Contributory." (Recommendations suicide. head-homicide; Poisoned by carbolic acid-prabably Struck by railway train-accident; Revalver to determine definitely. Examples: Accidental drowning; birth or miscarriage cause. Nomenclature of the American Medical Association.) "Coma, Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-(secondary), 10 ds. The contributory (secondary or intercuras "PUERPERAL septichaemia, Never report mere important. punon

this certificate is nonred over discussions. The correspondence in the data is essential and must be obtained before the berlificate is permanently filed. this certificate is looked over thoroughly and all ques-

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLE, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN

V. 8. No. 1.

a Z

| PLACE OF DEATH | STATE OF MARYLAND | | | |
|--|---|--|--|--|
| County Garrett 121.32 | CERTIFICATE OF DEATH | | | |
| | Registration Dist. No. | | | |
| Village or City Jetzsseller (No. , | St; Ward) [If death occurred in a hospital or institution, | | | |
| 1 12 +1 - | give its NAME instead of street and number.] | | | |
| FULL NAME GEREN MA SACAMAN | | | | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | | |
| 4 COLOR OR RACE SINGLE MARRIED, Single WIDOWED OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) | | | |
| | 17 I HEBEBY CERTIFY, That I attended deceased from | | | |
| G DATE OF BIRTH | , 1912, to 11 1912 | | | |
| (Month) (Day) (Year) | that I last saw h. A. alive on W. J. 1917 9 | | | |
| 7 AGE It LESS than 1 day,hrs. | and that death occurred on the date stated above, at Jl. m. | | | |
| yrs. 10 mos. 18 or min.? | The CAUSE OF DEATH * was as follows: | | | |
| OCCUPATION (a) Trade, profession, or | (2)///// | | | |
| particular kind of work | Mythous Hue | | | |
| (b) General nature of industry Dusiness, or establishment in | (Duration) yrs. mos. ds. | | | |
| which employed (or employer) | Contributory Hemon hage | | | |
| 9 BIRTHPLACE (State or country) Waruland | Secondary (Byratton) mos. 7 69. | | | |
| 10 NAME OF A SIA O | (Signed) It wish Strainan M. O. | | | |
| be We solaman. | 1817 (Address) Blains Mus | | | |
| The state of country of the state of the sta | *State the Disease Causing Drate, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental. | | | |
| of Mother Isam Malhause | SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, | | | |
| 13 BIRTHPLACE OF MOTHER | OR RECENT RESIDENTS) At place in the | | | |
| (State or country) 14 THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE | of deathyrsmosds. State,yrsmesds. Where was disease contracted, | | | |
| 1 16 71 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | If not at place of death? | | | |
| (Informant) yelph W. Sollman | psyel residence | | | |
| (AGGIESS) Kitymuller Md. | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL | | | |
| " and a all Barreck | 20 UNDERTAKER ADDRESS | | | |
| Filed NOV 1912 CC G COUNCER | Other Sharples Blains 200 | | | |
| If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. | | | | |

[Approved by U. S. Census and American Public Health Association.

engaged in domestic service for wages, as Servant, Cook, employed, as Al school or Al home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as thay laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer, etc. without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton taken to report specifically the occupations of persons mobile factory. is provided for the latter statement; it should be used eian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. -Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. very important, so that the relative healthful-The material worked on may form part Women at home, who are engaged in Never return "Laborer," (b) Auto-Civil

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(Tophtheria (avoid use of "Croups"))

(Association.)

(All the data is essential and must be obtained before

(Tophtheria (avoid use of "Croups"))

(Association.)

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genital," head-homicide; Poisoned by carbolic acid-probably suicidal, or homicidal, or as probably such, if impossible mus, chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent dearns "PUERPERAL perilonilist" etc. State cause for which birth or miscarriage as "Puenpenal septichaemia," ges, perilonacum, etc., Carcinoma, Sarcoma, etc., of . . . state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (morely symptomatic), Example: Measles (disease causing death), 29 de.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Wheoping (name origin; "Cancer" is less definite; avoid use of " "Old Age," "Shock," "Uracmia." "Weakness, " "Coma," by railway train—accident; Revolver wound Always qualify all diseases resulting from child-"Senile," etc.), The contributory (secondary or intercur-"Convulsions," "Dropsy," "Exhaustion, "Debility" "Atrophy," ACCIDINT'AL, ("Con-

REVISED UNITED ERTIFICATE OF DEATH STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plunter; tion applies to each and every person, irrespective of fulness of various parsuits can be known. The queseupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant. Cook, to report specifically the occupations of persous endefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been chauged ployed, as At school or At home. Care should be taken laborer, Farm laborer, Laborer-(a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fremen, etc. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on Or. Home, and children, not gainfully em--Coal mine, etc. Wom-But in many

Lobar pneumonia, Bronchopneumonia ("Pneumonia," Typhoid fever (never report "Typhoid pneumonia"): spinal meuingitis"); Diphtheria (avoid use of "Croup"); fever (the only definite syuonym is "Epidemie eerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pis-

> unqualified, is indefinite); Tuberculosis of lungs, mensymptomatle), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcona, etc., of discuses resulting from childbirth or misearriage as rhage," "Inaultion." "Marasmus," "Old Age," "Shoek," causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory (name origin; "Caneer" is less definite; avoid Nomenclature of the American Medical Association.) ment of eause of death approved by Committee on quenees (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as aceidental, suicidal, or Homicidal, or State cause "Puerpenal septicaemia." "Puerperal peritonitis," ean be ascertained as the eause. "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; FOR VIOLENT DEATHS STATE MEANS OF INJURY "contributory." "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-(Recommendations on state-Always qualify all (seeond-(merely "Con-

tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

the certificate is permanently aled.



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XACTLY. PHYSICIANS should state statement of OCCUPATION is very Exact classified. should AGE pe certificate. that it of back terms. should uo plain See Instructions Information 2 DEATH WRITE 50 CAUSE OF Important. PLACE OF DEATH

11 BIRTHPLACE

OF FATHER

OF MOTHER

OF MOTHER (State or country

12 MAIDEN NAME

13 BIRTHPLACE

(Address)

ARENT

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m

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20 UNDERTAKER

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

autsville (No

.....Ward)

I'll death occurred in a hospital or institution. give its NAME lostead of street and number. 1

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) I HEREBY CERTIFY. That I attended deceased from Contributory (Secondary) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place State _____ yrs. mos. Where was disease contracted. If not at place of death?usual residence DATE OF BURIAL 191

| | La ITAME | | |
|---|-----------------|--|---|
| PERSONAL AND STATISTICAL PARTICULARS | | | |
| Jemale | 4 COLOR OR RACE | S SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the WO | Ling le |
| 6 DATE OF BI | fine | 9 | , 1851 |
| | (Month |) (Day) | (Year) |
| 7 AGE | 7/415 | mos. / 8ds | t day,hrs. |
| 8 OCCUPATIO (a) Trade, profess particular kind et | sion, or | elsep | ín |
| (b) General natur business, or est which employed (| ablishment in | | *************************************** |
| State or cou | atry) Janet | 1-60. | Med |
| 10 NAME | OF A | 0- | - |

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (6)

losis pneumonia"); Lobar pneumonia; Bronchopneumonia "Croup"); Typhoid fever (never report "Typhoid brospinal meningitis"); Diphtheria (avoid use of time and causation), using always the same accepted causing death (the primary affection with respect to fover (the only definite synonym is "Epidemic cere-("Pneumonia," Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc.. Carcinfor the same disease. unquaissed, is indefinite); Tubercu-Examples: Cerebrospinal

> such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUEEPERAL peritonitis," childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic Interstitial nephritis. cer" is less definite; avoid use of "Tumor" for mails: mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," (Recommendations on statement of etc. State cause for (name origin; "Can-"Exhaustion," Examples: FOF VIO-

ence. All the data is essential and must be obtained before the certificate is permanently flied. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-

